

For use with review of Level IV Trauma Center

This document is a compilation of Title 22 requirements and Level IV requirement and recommendations found in the American College of Surgeon's 2014 "Orange" ACS Resources for Optimal Care of the Injured Patient. Each local EMS agency (LEMSA) can tailor this template to meet their needs and add contractual language as appropriate.

All references in this questionnaire should relate to the 12 month time frame provided by the LEMSAs including call panels, Performance Improvement, Education, Outreach efforts and charts pulled for review. Please use this document template to gather hospital information and submit to local EMS agency 60 days prior to the site review.

Key:

Orange = ACS Orange Book Level IV criteria (Type I and II)

Underlined Orange are ACS Orange Book Level IV criteria (Type I)

Blue = Trauma Regulations (If regulations and ACS criteria are equal = shown in orange)

Black = Recommended only

## Trauma Center Pre-Review Questionnaire

<b>Background Information</b>
Please describe your expectations for this review. <i>Not part of the written response. Can be a verbal response to the survey team.</i>
<b>Hospital Information</b>
Type of facility: community for profit ____, community ____, not for profit ____, public entity ____
Accredited by which CMS deemed authority? Year? <i>Provide copy of accreditation (Exhibit 1)</i>
Hospital beds:
Licensed: Adult ____ Pediatric ____ Adult ICU ____ Pediatric ICU ____
Staffed: Adult ____ Pediatric ____ Adult ICU ____ Pediatric ICU ____
Average Census: Adult ____ Pediatric ____ Adult ICU ____ Pediatric ICU ____
<b><u>Provide resolutions from the hospital administration and medical staff supporting the trauma program.</u></b> <i>Provide copy (Exhibit 2)</i>
Describe how the hospital administration supports the trauma program.
Describe how the medical staff supports the trauma program.

	ACS Type I	ACS Type II	Trauma Regulations	Contract
<b>Pre-hospital Information</b>				
Describe your pre-hospital EMS system. Include the number and location of other hospitals within a 50-mile radius.				
Provide a map of the area. Include the location of other Trauma Centers that may service your jurisdiction <i>Exhibit 3</i>				
Describe your ground and air transportation systems. If you are not the Base Hospital, provide name of Base Hospital(s) that provide medical control for the trauma patients you receive?				
Describe the EMS bypass/diversion policy for trauma. Is there a policy? Yes _____ No _____ The process should include: <ul style="list-style-type: none"> <li>▪ Prearranging alternative destinations with transfer agreements in place</li> <li>▪ Notification of other centers of divert or advisory status</li> <li>▪ Maintenance of divert log</li> </ul> Subjecting all diverts and advisories to performance improvement procedures. <i>Provide copy of policy and trauma diversion hours for the reporting period if applicable (Exhibit 4)</i>		X		
Describe how the Trauma Center participates in the development and improvement of prehospital care protocols and performance improvement and patient safety programs.		X		
<b>Trauma Service</b>				
Describe how the trauma service provides for the implementation of the regulatory requirements for a Level IV Trauma Center and coordinates with the local EMS Agency.			X	
Please describe your trauma team activation policy. Include reference to “multidiscipline” composition. Who responds to the ED when a trauma patient arrives? How do you activate the team? Who has the authority to activate the team in-house? <i>Provide policy (Exhibit 5) Include graded activation (if applicable) definitions with highest level to include:</i> <ul style="list-style-type: none"> <li>▪ BP &lt;90mm in adults &amp; age-specific hypotension for pediatrics</li> <li>▪ GSW neck, chest, abdomen, extremities (proximal to elbow/knee)</li> <li>▪ GCS &lt;9 with trauma</li> <li>▪ Intubated in field</li> <li>▪ Respiratory compromise or in need of urgent airway</li> <li>▪ ED physician discretion</li> </ul>		X	X	
Has the facility participated in the Rural Trauma Team Development Course? Yes _____ No _____		X		
Show how providers actively participate in regional and statewide trauma system meetings and committees that provide oversight		X		

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<b>Trauma Medical Director</b>				
A “qualified specialist” serves as the Trauma Medical Director. If the Director is not a “qualified specialist” as defined in Title 22 §100242, or meets §100242 (a) including substantiation of need. <b>The physician shall be knowledgeable and involved in trauma care.</b> <i>Provide board certification documentation or describe how the Medical Director meets §100242 (a) in Exhibit 6</i>		X	X	
<b>The Trauma Medical Director shall work with the Trauma Program Manager with guidance from the trauma peer review committee to identify events; develop corrective action plans; and ensure methods of monitoring, reevaluation, and benchmarking.</b>		X	X	
Illustrate how the Trauma Medical Director has the following responsibilities (this may be part of the job description in exhibit 7): <ul style="list-style-type: none"> <li>▪ Recommending trauma team physician privileges</li> <li>▪ Working with nursing administration to support the nursing needs of trauma patients</li> <li>▪ Developing treatment protocols</li> <li>▪ Have the authority and accountability for the quality improvement peer review process</li> <li>▪ Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program</li> <li>▪ Assisting in the coordination of the budgetary process for the trauma program</li> </ul>			X	
Do you have a Trauma Medical Director job description? Yes ____ No ____ If yes, please provide. <i>provide copy including CV (Exhibit 7)</i>				
Briefly describe the Trauma Medical Director’s reporting structure; <b>include statement that the hospital governing body empowers Trauma Medical Director to lead program</b> <i>May be provided as an organizational chart. (Exhibit 8)</i>	X			
<b>Trauma Program Manager</b>				
Illustrate how the Trauma Program Manager is a registered nurse with qualifications including evidence of educational preparation and clinical experience and has the following responsibilities (this may be part of the job description in exhibit 6): <ul style="list-style-type: none"> <li>▪ Organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient</li> <li>▪ Coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary personnel</li> <li>▪ Collaborating with the Trauma Medical Director in carrying out the education, clinical, research, administrative and outreach activities of the trauma program</li> </ul>			X	

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<ul style="list-style-type: none"> <li>Receive guidance from the trauma peer review committee to identify events; develop corrective action plans; and ensure methods of monitoring, reevaluation, and benchmarking.</li> </ul>		X		
Do you have a Trauma Program Manager job description? Yes ____ No ____ If yes, please provide. <i>provide copy including CV/Resume (Exhibit 9)</i>				
Briefly describe the Trauma Program Manager's reporting structure; <b>include statement that the hospital governing body empowers Trauma Program Manager to lead program</b> <i>May be provided as an organizational chart. (Exhibit 10)</i>	X			
<b>Emergency Medicine</b>				
Describe how the Emergency Department is staffed so that trauma patients are assured of immediate (per definition in §100237) and appropriate initial care. Advanced practitioners (if applicable) shall be ATLS providers; demonstrate orientation, credentialing, and skill maintenance through annual review by Trauma Medical Director		X	X	
<b>24 hour emergency coverage by a registered nurse, physician, or midlevel provider in the ED when the patient arrives with adequate notification from the field; maximum response time 30 minutes for highest level of activation tracked from patient arrival with 80% compliance for the highest level activations</b>	X			
Primary care physicians who provide trauma care in the ED shall maintain current Advanced Trauma Life Support certification as part of their competencies in trauma		X		
<b>Emergency medicine physicians, surgeons, and midlevel practitioners shall complete ATLS course at least once</b>	X	X		
Provide the ED Medical Director CV ( <i>exhibit 11</i> ); <b>Must have physician director</b>		X		
Do the ED physicians respond to or cover in-house emergencies? No ____ Yes ____ Is there a PI process demonstrating the efficacy of this process? Please describe. <i>provide policy if applicable (Exhibit 12)</i>				
Do all the ED physicians care for trauma patients? Yes ____ No ____				
Describe the credentialing requirements for nurses in the ED. <i>provide policy if applicable (Exhibit 13)</i>				
Who does FAST exams? Is there a credentialing process? If yes, please describe.				
Please provide statistics for your trauma team responses for the reporting year including E-code, ICD-10 Code, ISS, team response time, L/D. <b>Team response shall be fully assembled within 30 minutes</b>		X		

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<p>What is your total number of emergency department (ED) visits for the reporting year? <i>Exhibit 14</i></p> <p>Of these, what is your total number of injury related (ICD-10 S00-S99 with 7<sup>th</sup> character modifiers of A, B, or C only; T07, T14, T20-T32, T79.A1-T79.A9 with 7<sup>th</sup> character modifier of A only)</p>				
<p>What is your total number of trauma registry patients-(provide inclusion criteria used) for the reporting year?</p>				
<p>ED Distribution (trauma registry patients only) (<i>Exhibit 15</i>)</p> <ol style="list-style-type: none"> <li>1. ED to Home (number of patients)</li> <li>2. ED to OR</li> <li>3. ED to ICU</li> <li>4. ED to Floor/Ward</li> <li>5. ED Deaths</li> <li>6. ED to Other</li> <li>7. ED transfers <u>out</u> <i>May include identification of facilities if requested by LEMSA</i> <ul style="list-style-type: none"> <li>▪ Higher Level of Care (Trauma Center)</li> <li>▪ Burn Center</li> <li>▪ Repatriation</li> <li>▪ Other</li> </ul> </li> </ol>				
<p>Does the Trauma Center have policies designed to ensure that trauma patients who may require resuscitation and monitored are accompanied by appropriately trained providers during transportation to and while in radiology department</p> <p>Yes ___ No ___</p> <p><i>Provide policy (Exhibit 16)</i></p>				
<p>Do you have transfer agreements with: ___ Level I Trauma Center ___ Level II Trauma Center ___ Level I Pediatric Trauma Center ___ Level II Pediatric Trauma Center ___ Other specialty centers</p> <p>Well-defined transfer plans including written criteria for consultation and transfer of patients needing higher level of care. Plans shall be developed and regularly reviewed with input from higher level trauma centers in the region and evaluation of medical transport agencies.</p> <p><i>Provide listing of facilities (Exhibit 17)</i></p>		X	X	
<p>Provide transfer policy (<i>exhibit 18</i>) reflecting request for air transport:</p> <ul style="list-style-type: none"> <li>▪ Patient population defined: injured patients transferred to a high level of care</li> <li>▪ Criteria and procedures for requesting air medical transport should be developed and monitored as part of the trauma PIPS process</li> <li>▪ A structured air medical safety program should be in place to guide prehospital personnel in establishing <ul style="list-style-type: none"> <li>○ A safe landing site</li> <li>○ Proper loading procedures</li> <li>○ Communications with pilots and medical personnel</li> <li>○ Safe procedures in proximity to an operating helicopter</li> </ul> </li> </ul> <p>Medical flight crew should have a structured air medical educational</p>				

curriculum and an ongoing performance improvement program that is integrated with the trauma center's performance improvement program.				
Describe how treatment and transfer guidelines reflecting the Level IV's capabilities were developed collaboratively and regularly reviewed, with input from higher level Trauma Centers in the region.		X		
<b>Hospital Facilities</b>				
<b>Radiology</b>				
Does the radiologist attend the physician peer review meeting? Yes ____ No ____				
Is there adult and pediatric resuscitation and monitoring equipment available in the radiology suite? Yes ____ No ____				
<b>Are plain films available 24/7? Yes ____ No ____</b>	X			
Is a radiology technician promptly available? Yes ____ No ____			X	
Are the following services promptly available?				
1. Angiography Yes ____ No ____				
2. Ultrasound Yes ____ No ____				
3. CT Scan Yes ____ No ____				
Are the radiologists in-house 24/7? Yes ____ No ____ If no, briefly describe the process for who reads films after hours?				
Do you have policies designed to ensure that trauma patients who may require resuscitation and monitored are accompanied by appropriately trained providers during transportation to and while in radiology department Yes ____ No ____				
<b>OR/PACU</b>				
Is the operating room staffed 24/7? Yes ____ No ____ if no, promptly available? Yes ____ No ____				
Does a mechanism for opening the OR if the team is not in-house 24/7. Yes ____ No ____				
Does a credentialing process exist for the nursing staff in the OR/PACU? Yes ____ No ____				
Are anesthesiologists promptly available? Yes ____ No ____				
Do you use CRNAs? Yes ____ No ____ If yes, what is the role of the staff Anesthesiologist with these cases?				
Are anesthesiologists promptly available for airway problems in the hospital? Yes ____ No ____				
<b>Intensive Care Unit</b>				

<p><b>Do you have an intensive Care Unit? Yes ____ No ____</b>  If yes, answer the following questions:  1. Do you have a surgical director or co-director for the ICU who is responsible for setting policies related to ICU patients? Yes ____ No ____  2. Does the trauma surgeon remain in charge of patients in the ICU? Yes ____ No ____  3. Does the ICU have a qualified specialist promptly available? Yes ____ No ____  4. Describe how quality of care issues are managed and resolved in the ICU.  5. Does a credentialing process exist for the nursing staff caring for trauma patients in the OR/PACU? Yes ____ No ____</p>		X		
<p>Do you have a transfer agreement with a facility with a PICU? Yes ____ No ____  If yes, is it approved by CCS? Yes ____ No ____  Provide listing of facilities (Exhibit 19)</p>				
<b>Blood Bank/Clinical Laboratory</b>				
<p>Is your source of blood processed by the hospital or do you use a regional blood bank?</p>				
<p><b>Do you have a massive transfusion protocol? Yes ____ No ____ If yes, describe:</b></p>	X			
<p><b>Is the blood bank capable of blood typing and cross matching? Yes ____ No ____</b></p>	X			
<p>Does the blood bank have an adequate supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate and appropriate coagulation factors to meet the needs of the trauma patient? Yes ____ No ____</p>				
<p>Is there availability for coagulation studies, blood gases and microbiology? Yes ____ No ____</p>				
<p>Are clinical laboratory services <b>available 24 hours per day for the standard analysis of blood, urine, and other body fluids including micro sampling</b> with a <b>prompt response</b> upon request? Yes ____ No ____</p>	X		X	
<b>Rehabilitation Services</b>				
<p>Do you have a transfer agreement with a Rehabilitation Center? Yes ____ No ____  If yes, provide listing of facilities (Exhibit 20)</p>				
<p>Does the hospital provide rehabilitation services for the trauma patient? Yes ____ No ____</p>				
<p>Describe the role and relationship of the rehabilitation service to the trauma service.</p>				
<p>Does the hospital provide any of the following during the acute phase of care?  1. Physical therapy Yes ____ No ____  2. Occupational therapy Yes ____ No ____</p>				

3. Speech therapy Yes ____ No ____				
4. Dysphagia evaluations Yes ____ No ____				
5. Social Services Yes ____ No ____				
6. Nutritional services Yes ____ No ____				
<b>Other Services</b>				
Do you have a mechanism in place to provide for acute hemodialysis capability? Yes ____ No ____				
Do you have a multidisciplinary team to manage child abuse and neglect? Yes ____ No ____				
Do you have a transfer agreement to provide spinal cord injury management services? Yes ____ No ____ <i>If yes, provide listing of facilities (Exhibit 21)</i>				
Do you have a transfer agreement with a designated burn center? Yes ____ No ____		X		
<b>Disaster Plan</b>				
Is the Trauma Medical Director or Trauma Nurse Coordinator a member of the hospitals disaster committee? Yes ____ No ____				
Does the hospital meet the disaster related requirements of The Joint Commission or equivalent CMS deemed entity? Yes ____ No ____		X		
Describe the last drill that tested the hospitals disaster plan with a trauma component. Drills shall be conducted at least twice a year		X		
Does the hospital have a disaster manual? Yes ____ No ____ If yes, is there a role for the trauma service specified in the plan? Yes ____ No ____		X		
Describe how providers participate in regional disaster management plans and exercises		X		
<b>Organ Procurement</b>				
Does the facility have an organ donor procurement program? Yes ____ No ____				
How many trauma patient donors in the reporting year?				
Are there written policies for notification of the organ procurement officer? Yes ____ No ____ <i>if yes, provide policies (Exhibit 22)</i>				
Does the PI program review the organ donation rate? Yes ____ No ____				
Is there a written policy for declaration of brain death? Yes ____ No ____ <i>if yes, provide policy (Exhibit 23)</i>		X		
<b>Trauma Registry</b>				
What trauma registry are you using?		X		

Is the data transmitted to the local EMS Agency as per local policy? Yes ____ No ____			X	
Describe how the trauma registry supports the PI program. Provide a description of the inclusion criteria for your registry		X		
How is the confidentiality of the data maintained?		X		
Describe how you monitor the validity of the registry data. 80% of cases shall be entered within 60 days of discharge		X		
<b>Performance Improvement Program</b>				
Describe the <b>Performance Improvement/Quality Plan</b> . (provide copy of Plan as exhibit 24) <ul style="list-style-type: none"> <li>▪ <b>Show endorsement by hospital governing body</b></li> <li>▪ <b>How does it address issues that involve multiple disciplines</b></li> <li>▪ Include how issues are identified, corrective action plans developed, and benchmarking done</li> <li>▪ Include how loop closure achieved</li> <li>▪ Process for annual review of Plan</li> </ul>	X	X	X	
List the audit filters for the reporting year for the review of adult and pediatric patient care; filters shall include all trauma-related deaths, major complications, diversions, transfers (including intrafacility transfer), trauma activations to be reviewed to determine their positive predictive value in identifying patients who require activation, trauma surgeon response to ED, include process issues such as documentation and communication, clinical care (including identification and treatment of life-threatening injuries) and transfer decisions, air medical transports		X	X	
List one example of loop closure involving peer review issues during the reporting year.				
Are nursing issues reviewed in the trauma PI process? Yes ____ No ____ If yes, give example				
How many trauma related deaths were there during the reporting year? (Include ED deaths and in-house deaths)				
What percentage of trauma deaths had autopsies performed? Describe the process for how the autopsy findings are reported to the trauma center. How do you use the information provided in the autopsy report?				
Describe the review process for major complications (include definition).			X	
Describe the review process for all interfacility transfers (in and out of the Trauma Center) with feedback from the receiving center reviewed Information on repatriated patients from other trauma centers shall be provided to the sending trauma center for inclusion in the trauma registry.		X	X	
Describe the mechanism in place to provide the sending Trauma Center the required data (per local policy) on patients that have been			X	

repatriated to your facility.				
Describe your peer review meeting. Who attends (shall include all members of the trauma team)? How are cases pulled? How are they presented? How often are they scheduled?		X	X	
Do you participate in a multi-center case review process Yes ____ No ____ or regional case review? Yes ____ No ____ Please explain.				
Provide documentation of your system for patients, parents of minor children who are patients, legal guardian(s) of children who are patients, and/or primary caretaker(s) of children who are patients to provide input and feedback to hospital staff regarding the care provided to a child. provide policy (Exhibit 25)			X	
Describe your participation in the Regional Trauma Coordinating Committee (RTCC)		X		
Describe your participation in the local EMS agency's trauma committee(s)		X	X	
Describe you participation in the development and improvement of prehospital care protocols and the performance improvement / patient safety programs		X		
<b>Education, Prevention and Outreach Activities</b>				
List the education you have provided during the reporting year to include staff physicians, staff nurses, staff allied health personnel, prehospital and hospital-based providers, and other community physicians and health care personnel Exhibit 26		X	X	
Describe universal screening for alcohol process for all injured patients.		X		
Describe one prevention strategy or program you participated in or implemented during the reporting year and how the trauma registry and/or epidemiology data was utilized. Shall have individual in leadership position with injury prevention as part of job description		X	X	
Do you have the capability of receiving telephone and on-site consultation with physicians at a higher level Trauma Center? Yes ____ No ____ Do you have the capability of providing consultation services with physicians in the community and outlying areas? Yes ____ No ____ Direct contact of the physician or midlevel provider with a physician at the receiving hospital is essential		X	X	
Describe one outreach activity you provided during the reporting year. Include public education.		X		

<b>Attachments</b>
Attachment A Board Certification information
Attachment B Qualified Specialist information
Attachment C Trauma Team Response data (include level of activation, number, and percentage breakdown) (CD 5-14, 5-15). Provide team activation criteria.
Attachment D ISS Breakdown
Attachment E Trauma Deaths
Attachment F List of Charts for Site Team Review
Attachment G List of Education provided
<b>Exhibits</b>
Exhibit 1 Copy of Accreditation
Exhibit 2 Hospital Commitment
Exhibit 3 Copy of policy and trauma diversion hours
Exhibit 4 Trauma Medical Director job description; Provide copy including CV
Exhibit 5 Trauma Medical Director reporting structure; may be provided as an organizational chart
Exhibit 6 Trauma Program Managers job description; provide copy including CV/Resume
Exhibit 7 Trauma Program Managers reporting structure; may be provided as an organizational chart
Exhibit 8 Trauma Team Activation Policy
Exhibit 9 Listing of receiving facilities for transfers
Exhibit 10 Transfer agreements
Exhibit 11 ED response to in-house emergencies policy
Exhibit 12 Credentialing requirements for ED nurses
Exhibit 13 Policies for monitoring while in radiology
Exhibit 14 Transfer agreement with PICU; may include chart of facilities if requested
Exhibit 15 Transfer agreement with Rehabilitation unit; may include chart of facilities if requested
Exhibit 16 Transfer agreement for spinal care; may include chart of facilities if requested
Exhibit 17 Policy for notification of the organ procurement officer
Exhibit 18 Policy for declaration of brain death

Exhibit 19 Documentation of your system for patients, parents to provide feedback regarding the care provided to a child.